

Town of Essex
29 West Avenue
Essex, Ct 06426
www.essexct.gov



FREEDOM OF INFORMATION ACT REQUEST

Date: _____

Name(s): _____

Address (Optional): _____

Phone # (Optional): _____

Email (Optional): _____

Please describe with specificity the document(s)/materials you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request.

(Attach additional pages if needed and put Name and Date on each attachment.)

I want to (please check one):

Review Records or Documents at Town Hall _____

Receive Hard Copies of Requested Documents _____

Other *(please specify – use additional pages if necessary)* _____

I agree to pay such fees and costs as noted in the Town of Essex's FOIA Summary of Charges prior to the release of materials or documents to me or my designated representative. I understand that materials may be picked up and payment made at the Town Clerk's Office. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence.

Signature of Requester: _____

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Department Use Only File No. XXXX - XX – XXXX Refused to Submit Form: _____ (init)

Date Request Received: _____ Date Picked-Up: _____

Docs Returned to TC: _____ Date Completed: _____

of Pages: _____ Cost: \$ _____ Payment: \$ _____

Notes: